



TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/774,841	
	Filing Date	February 9, 2004	
	First Named Inventor	Frank JANSEN	
	Art Unit	1763	
	Examiner Name	Karla A. Moore	
Total Number of Pages in This Submission	6	Attorney Docket Number	M03A210

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Itemized Certificate of Mailing, a Petition for Extension of Time (PTO/SB/22, 1 page, in duplicate), Notice of Appeal (PTO/SB/31, 1 page, in duplicate) and Return Receipt Postcard
Remarks It is not believed at this time that any additional fee is due. As a precaution, the Commissioner is hereby authorized to charge to Deposit Account No. 02-2865 any additional fee required by this submission or credit any overpayment.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The BOC Group, Inc.		
Signature			
Printed name	Philip H. Von Neida		
Date	February 6, 2007	Reg. No.	34,942

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Typed or printed name	Kimberly S. Brown	Date	February 6, 2007

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